



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## **Supplemental Application Data Sheet**

### **Application Information**

Application number:: 10/763,410  
Filing Date:: 01/23/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 3765  
CD-ROM or CD-R?: None  
Sequence submission?: None  
Computer Readable Form (CRF)?:: No  
Title:: TIE AND SHIRT COMBINATION SECURED  
WITH AN ELASTIC BAND  
Attorney Docket Number:: 04394/0200800-US0  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Total Drawing Sheets:: 3  
Small Entity?: Yes  
Petition included?: No  
Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Republic of Korea  
Status:: Full Capacity  
Given Name:: Cin  
Family Name:: Kim  
City of Residence:: Alpine  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 11 Graham Street  
City of mailing address:: Alpine

State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07620

**Correspondence Information**

Correspondence Customer Number:: 07278

**Representative Information**

Representative Customer Number:: 07278

**Domestic Priority Information**

**Foreign Priority Information**

**Assignee Information**

Assignee name:: Peacock Apparel Group, Inc.  
Street of mailing address:: 236 Fifth Avenue  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10001

Attorney Docket No.: 04394/0200800-US0

# Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. \_\_\_\_\_ in an envelope addressed to:

EV692130575-US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on September 23, 2005  
Date

Leck

Signature \_\_\_\_\_

Signature

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

**Note:** Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form For Submission Of Supplemental Application Data Sheet  
Supplemental Application Data Sheet (2pp)  
Return Postcard Receipt